



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
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<b>SERIAL NUMBER</b> 09/460,920	<b>FILING DATE</b> 12/14/1999 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> LA0046A						
<b>APPLICANTS</b> BETH ANNE PIPER, HOPEWELL, NJ ; <b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/432,465 11/03/1999 <b>** FOREIGN APPLICATIONS *****</b>										
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/27/2000</b> <div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> <b>CPA</b>          6/17/02       </div>										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after mel Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 36	<b>INDEPENDENT CLAIMS</b> 5						
<b>ADDRESS</b> BURTON RODNEY BRISTOL-MYERS SQUIBB COMPANY PO BOX 4000 PRINCETON, NJ 085434000										
<b>TITLE</b> METHOD FOR TREATING DIABETES										
<b>FILING FEE RECEIVED</b> 1204	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1" style="float: right; width: 200px;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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